

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 091995860
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		①				
28		1				
29		①				
30		1				
31		①				
32		1				
33		①				
34		①				
35		①				
36		2				
37						
38		1				
39		1				
40		1				
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	22					
TOTAL DEP.	32					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						